

**TOWN OF ATHOL
HOUSING REHABILITATION PROGRAM
HOMEOWNER APPLICATION**

A. APPLICANT DATA:

DATE: _____

A.1 NAME					
ADDRESS					
E-MAIL			CELL PHONE		
TELEPHONE	Home:		Work:		

A.2 Is this property your principal residence? ☐ Yes ☐ No

A.3 How many people reside at this address? _____

A.4 LIST ALL RESIDENTS, INCLUDING YOURSELF:

NAME	AGE	SEX	Handicapped (Yes or No)	Female Head of Household (Yes or No)

A.5 Ethnic Background: (HUD/DHCD statistical reporting requirements)

White	American Indian / Alaskan Native and White
Black /African American	Asian and White
Hispanic	Black / African American and White
Asian	American Indian/ Alaskan Native and Black / African American
American Indian / Alaskan Native	Other
Native Hawaiian/ Other Pacific Islander	

A. 6

- a. Are you or any member of your household a municipal Employee? (*Check one*)
 ____ Yes ____ No
- b. Are you or any member of your household appointed or elected to any local offices or committees? (*Check one*) ____ Yes ____ No
- c. Are you or any member of your household employed as a consultant or agent to the community?
 (*Check one*) ____ Yes ____ No
- d. Are you or any member of your household employed by an agency that administers Community Development Block Grants in Athol or another community? (*Check one*)
 ____ Yes ____ No
- e. If yes to any question above, what is your position: _____
 Department: _____

B. SOURCES OF INCOME

For every member of the household (children under 18 and students over 18 must show evidence of enrollment) list the gross amount (before taxes) each receives from all sources, including wages, rental income, social security, interest and dividends, pensions, Transitional Assistance, unemployment, child support, alimony, etc.

- All household members must submit their most recent federal tax Form 1040 (include all schedules).
- If self-employed, please submit IRS certified copies or IRS AGI letters of the past two years' Federal tax returns.

NAME	SOURCE	GROSS INCOME 12 MONTH PERIOD
SAVINGS INSTITUTIONS		CURRENT BALANCE
Other – Investments (Include Retirement, IRA, etc.)		CURRENT VALUE / BALANCE

C. PROPERTY DATA

- C.1 Is this property a ☐ Single family home? ☐ Multi-family dwelling?
- C.2 If the property is a multi-family: Number of units ____ How many are occupied? ____
- Names(s) & Address of Tenant(s): _____
- C.3 Number of Bedrooms in your unit: ____
 Number of Bedrooms in each rental unit: ____

C.4 Does the property have a septic tank ☐ or town sewer ☐?

C.5 Does the property have a well ☐ or town water ☐?

C.6 Year the home was built? _____

C.7 Do you have homeowner's insurance ☐ Yes ☐ No Flood Insurance ☐ Yes ☐ No?

C.7 Is there lead paint on the property? ☐ Yes ☐ No ☐ I don't know

C.8 If the property was built prior to 1970:

- a. Are there children 6 years old or younger living in the home? ☐ Yes ☐ No
- b. Have the children been tested for lead paint poisoning? ☐ Yes ☐ No
- c. Are there children 6 years old or younger who regularly visit the home? ☐ Yes ☐ No

C.9 Have you previously received Community Development Block Grant (CDBG) assistance for this property? ☐ Yes ☐ No

D. REHABILITATION DATA:

1. Please check the items for which you are interested in receiving housing rehabilitation assistance. This listing is preliminary and for informational purposes only:

☐ Septic System

☐ Siding

☐ Plumbing

☐ Roof

☐ Electrical

☐ Porch/Steps

☐ Heating/Hot Water

☐ Windows

☐ Insulation

☐ Painting

☐ Repair of Walls/Ceilings/Floors

☐ Foundation

☐ Other (specify) _____

2. Please describe any situations, which might be considered emergency conditions, such as a failed heating system, a leaking roof or a request for accommodations for a handicapped household member.

3. Do you or any of your current tenants receive Fuel Assistance? If so, specify below with name and unit number _____

4. I agree to allow the Athol Office of Planning & Development to contact the Montachusett Opportunity Council, the regional weatherization agency for Athol, on my behalf in order to determine if I might be eligible for additional assistance. ☐ Yes ☐ No

E. PERSONAL DEBT INFORMATION (car loans, charge cards, medical):

CREDITOR	BALANCE	MONTHLY PAYMENT

F. PROPERTY EXPENSE INFORMATION

EXPENSE	MONTHLY PAYMENT
Mortgage(s) _____ Original Balance \$ _____ Current Balance \$ _____	
Property Tax	\$ _____
Fuel Oil (est. monthly cost)	\$ _____
Gas (est. monthly cost)	\$ _____
Electric (est. monthly cost)	\$ _____
Homeowner Insurance NOTE: Must enclose copy of front pg of Policy	\$ _____
Water/Sewer	\$ _____
Other (describe) _____	

** Water/Sewer or property taxes must be up to date **

G. I/We hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief. I/We hereby consent to the verification of any information given in this application. I/We understand that the information will be used to determine eligibility for this program and is subject to the requirements and protections of the public records laws.

I/We further certify that that the property is not subject to any outstanding property taxes, water, sewer charges, or municipal liens of any nature. I/We certify that the property is not subject to, or encumbered by, any outstanding state or federal tax liens, foreclosure actions or bankruptcy proceedings of any kind, and that I/We personally remain in good standing with the Town of Athol Tax Collector and the holder(s) of any promissory notes secured by the property.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY
ALL PARTIES TO THE PROPERTY DEED MUST SIGN BELOW:

_____	DATE: _____
_____	DATE: _____
_____	DATE: _____
_____	DATE: _____

Please return or mail, with prior year tax return(s), to
Office of Planning & Development
Town of Athol, 584 Main Street, Room 29, Athol, MA 01331
For further information contact the Office of Planning & Development
Mon - Thurs 8:30am-2:30pm (978) 721-8500 x518, email: cdbg@townofathol.org